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EDUCATIONAL EVENTS

November 30 - *Preparing the Chargemaster for 2019*
Wisconsin Dells, WI

March 15, 2019 -
Physician Leadership Development Conference
Kohler, WI

STEPHEN BEESON, MD TO KEYNOTE 2019 PHYSICIAN LEADERSHIP DEVELOPMENT CONFERENCE

Register now for March 15-16 event – Early Bird Discount Available



Registration is now open for WHA’s 14th annual Physician Leadership Development Conference, scheduled for March 15-16, 2019, at The American Club in Kohler. The 2019 event will include a full-day program

led by Stephen Beeson, MD, a nationally recognized expert in physician engagement and performance improvement. Dr. Beeson will focus on strategies that physician leaders in all stages of their careers can use to engage fellow physicians, building trust and confidence to get physician buy-in for change.

New in 2019, there will be two education tracks for the Saturday portion of the conference. The traditional track is intended for developing physician leaders and will be led by Michael Guthrie, MD. Dr. Guthrie will focus on understanding and identifying group dynamics, discuss strategies to engage physicians in decision making, and share effective group discussions and meeting facilitation—all important skills to help a developing physician leader make the transition from clinician to leader.

The second track is designed specifically for senior physician leaders and chief medical officers. Attendees will examine and discuss the changing and future role of the senior physician leader. In addition, you will engage in a roundtable discussion to share experiences, challenges, best practices and opportunities with peer senior leaders and CMOs from hospitals and health systems across the state.

You can review the conference agenda, as well as [register online](#). An early bird discount is available.

ELECTION RESULTS A MIXED BAG FOR STATE POLITICAL PARTIES

Health care remains top issue on the minds of voters

Wisconsin Democratic Gubernatorial candidate Tony Evers defeated incumbent Governor Scott Walker in a tight statewide election last Tuesday, winning by a margin of roughly 31,000 votes with nearly 2.7 million votes cast—the largest mid-term election turnout since at least 1948. While the Governor’s wing of the state capitol has turned from red to blue, legislative Republicans gained a seat in the state Senate and maintain a strong majority in the state Assembly moving into the next legislative session.

Health care issues were among the most heavily debated in the most recent election. These issues included pre-existing condition insurance coverage, the debate to expand Medicaid eligibility up to 138% of the federal poverty level (FPL), and pulling Wisconsin from a Texas lawsuit that would strike down significant components of the Affordable Care Act.

One exit poll conducted by Edison Research, as reported by the [Milwaukee Journal Sentinel](#), showed that half of Wisconsin voters said health care was the most important issue facing the country.

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In Wisconsin, the debate for expanding Medicaid revolves around bringing additional federal revenues into the state. Governor-elect Evers said during a debate with Governor Walker that he would take federal Medicaid money and “plow it into the system and make health care more affordable.”

With an Evers’ initiated state budget, the Legislature is almost certain to receive a budget bill that includes some version of Affordable Care Act (ACA)-prescribed Medicaid expansion to 138% FPL. As the *Wisconsin State Journal* reported on the topic over the weekend, “Eric Borgerding, CEO of the Wisconsin Hospital Association, a powerful bipartisan lobby...[said] ‘that’s a lot of money that would have to be unwound from the budget.’”

While ACA-prescribed Medicaid expansion may be a priority for Governor-elect Evers, the proposal has already faced pushback from legislative Republicans who are concerned about expanding Medicaid to a larger population. Regardless, the issue will most likely come down to a budget battle between the executive and legislative branches of state government.

CMS ISSUES HOME HEALTH AGENCIES AND HOME INFUSION THERAPY SUPPLIERS PAYMENT AND POLICY CHANGES



On October 26, the Centers for Medicare & Medicaid Services (CMS) issued a final rule [CMS-1689-F] on Medicare policy changes for home health services and home infusion therapy services for 2019 and 2020.

WHA’s Post-Acute Work Group recognized the need for some of these policy changes, which will affect WHA members because of the impact on post-acute care provided to patients in the home setting. The rule also implements payment changes for 2019 and 2020.

Remote Patient Monitoring

The Post-Acute Work Group acknowledged that remote health monitoring, when combined with a consistent link to follow-up health care coaching, has been shown to be beneficial for post-acute care patients discharged to the home. In the rule, CMS includes the cost of remote patient monitoring as an allowable cost on the home health agency cost report. This will allow reimbursement when patients share more live-time data with their providers and caregivers, which will hopefully lead to more tailored care and better health outcomes.

Payment for Home Infusion Therapy Services

The 21st Century Cures Act created a new permanent Medicare benefit for home infusion therapy services beginning January 1, 2021. The final rule provides, for calendar years 2019 and 2020, a temporary transitional payment for home infusion therapy services that pays eligible suppliers for associated professional services for the following: administering certain drugs and biologicals infused through a durable medical equipment pump; training and education; and remote monitoring and monitoring services.

This rule also finalizes elements of the permanent home infusion benefit, including the health and safety standards for home infusion therapy, an accreditation process for qualified home infusion therapy suppliers, and an approval and oversight process for the organizations that accredit qualified home infusion therapy suppliers.

Payment Updates

CY 2019 payments will increase by a net 2.2%, or \$420 million, after all payment policy changes when compared to 2018 payment levels. The rule also implements several additional policy changes, some of which are as follows:

- As mandated by the Bipartisan Budget Act of 2018 and following the trends in payment model reform being pursued by CMS, Medicare will, in 2020, stop using the number of therapy visits provided to determine home health payment.
- Current therapy thresholds encourage volume over value. CMS will implement a new payment model, the Patient-Driven Groupings Model (PDGM) for home health periods of care beginning on or after January 1, 2020. The PDGM is designed to reflect CMS’s focus on relying more heavily on clinical characteristics and other patient information to allow payments to more closely reflect patients’ needs.
- The rule changes the unit of payment under the home health prospective payment system from 60-day to 30-day periods of care. This change is being made because most 60-day episodes have more visits on average during the first 30 days. Dividing a single 60-day episode into two periods allows payments to be more accurately apportioned.

Questions on this rule may be referred to [Laura Rose](#), WHA Vice President, Policy Development.

NURSE STAFFING RATIO MANDATE REJECTED BY VOTERS IN MASSACHUSETTS

Dynamic staffing needed to support safe care and high-quality outcomes

Massachusetts, a state characterized as having a heavy regulatory hand and a significant nursing union presence, rejected a state mandated hospital nurse-to-patient staff ratio during last week's election. [Media coverage](#) of the ballot initiative cited voter concerns regarding the impact on access to health care, particularly in rural communities, as well as the additional health care costs associated with the law—estimated to be between \$676 million to \$949 million per year.

It was estimated Massachusetts hospitals would have had to hire more than 2,000 nurses—with 936 additional registered nurses on night shift alone—provide pay hikes, and purchase new software to track patient acuity.

Higher costs, finding more nurses to comply with staffing mandates, and creating redundant processes to track and report staffing levels were among the challenges at issue. “Mandated staffing ratios would require additional layers of managing, monitoring, and oversight within hospitals and health systems, as well as the state,” notes Ann Zenk, WHA Vice President of Workforce and Clinical Practice. “These layers would take resources away from local efforts to provide the staffing and support needed to deliver safe, high-quality care to their communities.”

In California, the only state with mandated nurse-to-patient ratios, the number of patients per nurse has decreased and the number of worked nursing hours per patient day has increased, but associated improvement in hospital nursing quality and safety indicators could not be demonstrated.

“Delivering high-quality, high-value health care depends on a sufficiently supplied, high-quality and dynamic workforce; a workforce able to create value through innovative best practices and flex to patient need,” said WHA President/CEO Eric Borgerding. “I would hate to see a fixed quota system interfere with the flexibility and creativity of Wisconsin’s nursing and health care workforce—a workforce that has made the quality of Wisconsin’s health care system consistently rank among the best in the nation.”

JOIN A WHA COUNCIL OR COMMITTEE

Your opportunity to be involved at the forefront of health care policy issues

WHA is soliciting appointment requests from WHA members to participate on councils and committees. Now is your opportunity to participate on the WHA councils that identify key policy issues for the membership, as well as make recommendations on positions to the WHA Board.

The following councils and committees are looking for member participation:

- Advocacy Committee
- Council on Finance and Payment
- Council on Public Policy
- Council on Rural Health
- Council on Workforce Development
- WHA Physician Leaders Council

Additional information, including council responsibilities and current member information, is located [here](#). To be considered for a WHA council or committee, sign up [online](#). Questions can be directed to [Sherry Collins](#), Executive Assistant, at 608-274-1820.

COMPLIMENTARY WHA MEMBER FORUM: TELEMEDICINE LEGAL ISSUES, DEC. 11

On December 11, WHA is offering a complimentary webinar focused on the laws and rules hospitals and health care systems need to know to develop and implement telehealth programs. This WHA Member Forum, *Telemedicine Legal Issues in Wisconsin and Beyond*, is scheduled for December 11 from 10:00-11:15 AM and [registration is now available](#).

During the webinar, Emily Wein, a shareholder with the law firm of Baker Donelson, will discuss state and federal laws and policies that providers should be considering in building virtual care arrangements, including such key topics as reimbursement and billing, licensure and exceptions for peer-to-peer consults, credentialing by proxy, and direct-to-consumer services.

This webinar is designed for telemedicine program managers, chief operating officers, chief nursing officers, chief medical officers, chief information officers, and compliance officers.

This WHA Member Forum is complimentary and open only to WHA hospital and corporate members. Pass along the webinar information and registration link to anyone in your organization who may be interested in attending. Registration questions may be directed to [Kayla Chatterton](#).

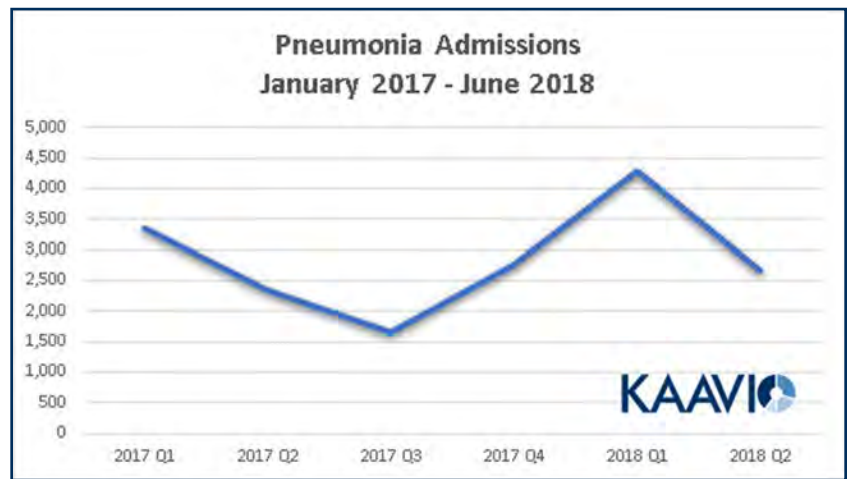
FAST FACTS FROM THE WHA INFORMATION CENTER: PNEUMONIA DAY

World Pneumonia Day is observed in November, and serves as a reminder that pneumonia can strike at any age, anywhere, and anytime. Data from the WHA Information Center (WHAIC) found there were 17,035 inpatient admissions in Wisconsin hospitals for pneumonia from January 2017 through June 2018. WHAIC has provided a trend line on its [website](#).

Pneumonia is often a complication of a respiratory infection—especially the flu. But, there are more than 30 different causes of the illness. Older adults, children and people with chronic disease, including chronic obstructive pulmonary disease and asthma, are at high risk for pneumonia.

The [American Lung Association](#) notes you can reduce your risk of getting pneumonia by following a few simple steps:

- Get vaccinated. The flu is a common cause of pneumonia, so preventing the flu is a good way to prevent pneumonia.
- Wash your hands.
- Don't smoke. Tobacco damages your lung's ability to fight off infection.
- Be aware of your general health. Be aware of any symptoms that linger for a few days and follow good health habits.



WISCONSIN RURAL HEALTH DAY: NOVEMBER 15

Ascension Good Samaritan received the Outstanding Contribution to Rural Health Award

Governor Scott Walker has proclaimed Thursday, November 15 Wisconsin's Rural Health Day in honor of the vital role rural emergency medical service, hospital, and clinic staff play in their communities. As the proclamation notes, each year, millions of Wisconsin citizens and out-of-state visitors travel to our state's rural communities for business and recreation.

Wisconsin's Rural Health Day recognizes the unique contributions of rural communities, the health care providers that serve these communities, and the important economic role health care plays in the rural areas of Wisconsin. The Governor's [proclamation](#) names WHA, the Wisconsin Office of Rural Health, and other statewide groups for their dedication and support of local rural health care providers.



Left to Right: Shelley Hersil, Director of the Lincoln County Department of Health; Kevin Jacobson, Rural Communities Program Manager at the Wisconsin Office of Rural Health; Representative Mary Felzkowski; Jane Bentz, Director of Foundation & Community Outreach at Ascension Good Samaritan Hospital; State Senator Tom Tiffany; Dawn Gapko, Chief Administrative Officer at Ascension Good Samaritan Hospital

"Rural hospitals support the physical well-being of their communities and are an important economic engine in the area. Wisconsin is nationally known for its high-quality health care system, and rural hospitals are an essential part in maintaining affordable, accessible health care," said WHA President/CEO Eric Borgerding.

Ascension Good Samaritan received the Wisconsin Office of Rural Health's [Outstanding Contribution to Rural Health Award](#) in recognition of the hospital's innovative approach to help those in their rural community, noting specifically two programs.

The Merrill Community Paramedic Program is a partnership with the City of Merrill Fire Department in which local paramedics provide free follow-up visits for recently-discharged patients who suffer from medical conditions. The Tooth Fairy Fund financially assists those who present with tooth pain at the emergency department to receive treatment at a local federally qualified dental clinic nearby.